## **Senate Disclosure Form**

1. Income: State the source, but not amount, of all personal taxable income that gen than \$10,000.00 annually. If you are self-employed, indicate the nature of that end that end the source of the source is a self-employed.	
(Use a separate sheet of paper if necessary.)	
Hickor : Boardman Insurance	
_State of vermont	^
Northwestern Medical Center - Sporse employ	ment
2. Corporate Ownership: Identify any corporation in which you have a controlli (Use a separate sheet of paper if necessary.)	ng interest.
_ CPSW, llc - Investment Property	
CPSW, LC - Investment Property _315 Lake Street, LC - Investment Property	·····
3. Boards, Commissions & Associations: List any board, commission or association which you are affiliated. For any such entity in which you are an officer, place a cline on the right. (Use a separate sheet of paper if necessary.)	ciation with heck on the
St. Albans Shuting Association	
St. Albans Shuting Association  Samuritan House  Franklin Canty flowe Health Agency	•
Franklin County flowe Health Agency	